

215050884
72769

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 208	Agency Case No. B5-112858	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1				
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 12/05/2015		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		STATE USE ONLY 12/06/2015				
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2125	PRIVATE PROPERTY? <input type="radio"/> YES <input type="radio"/> NO		LATITUDE			
B 49	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO.		ONE-WAY STREET? <input type="radio"/> YES <input type="radio"/> NO	LONGITUDE					
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.						
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION							
V1/M 20	NAME OF INTERSECTING ROADWAY						NAME OF NEAREST STREET, BRIDGE, RAILROAD CROSSING			
V2/M 20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
F 1	VEHICLE NO. 1									
V1/N 1	DRIVER LICENSE NO.	H13775225		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V2/N 1	DRIVER	KATHLEEN M LOOMIS		PHONE	5094963510					
G 2	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	04/25/1969					
H 5	OWNER	Patricia L Loomis		PHONE	2485682110					
I 1	OWNER ADDRESS	CITY, STATE, ZIP		CITATION	<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO					
J 01	LICENSE PLATE	PA NO.	DBJ8326	YEAR (Plate Expires)	2015	STATE (Of Plate)	MI			
K 01	VEHICLE	2014	Ford	MODEL	Escape	BODY STYLE	Medium/large			
L 1	VEHICLE ID NO. (VIN)	1FMCU06X3EUB07205		COLOR	black		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 400			
M 1	VEHICLE ID NO. (VIN)	1FMCU06X3EUB07205		INSURANCE COMPANY	Progressive					
N 1	TOWED TO	TOWED BY		POLICY NO.	906468138					
O 1	VEHICLE NO. 2									
P 1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE				
Q 1	DRIVER	LEGALLY PARKED		PHONE						
R 8	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)						
S 01	OWNER	MICHAEL S BERRY		PHONE	4026104456					
T 01	OWNER ADDRESS	CITY, STATE, ZIP		CITATION	<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO					
U 4	LICENSE PLATE	PA NO.	SKI896	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE			
V 4	VEHICLE	2012	Nissan	MODEL	Altima	BODY STYLE	4 door Sedan			
W 4	VEHICLE ID NO. (VIN)	1N4AL2AP6CN435833		COLOR	black		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 600			
X 01	VEHICLE ID NO. (VIN)	1N4AL2AP6CN435833		INSURANCE COMPANY	Shelter Mutual					
Y 01	TOWED TO	TOWED BY		POLICY NO.	26-1-8813268-2					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)										
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-112858



Indicate
North
by Arrow

Location of Accident Unknown
Was reported after the driver returned home

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Owner of V2 reported that as he was driving home, he observed a piece of paper underneath his windshield wiper that said someone had hit his vehicle and had contact information. Owner of V2 stated he is not sure where the accident would have occurred due to him going to multiple places throughout the day and him not finding the piece of paper until he was about home. D1 stated she was backing out of a driveway and backed into V2. D1 stated she wasn't sure what the address was or what street it occurred on. D1 stated she left her information for the owner of V2.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME												
1																	
2																	
1	02				06 Turning left												
2	10				08 Entering traffic lane												
					01 Essentially straight ahead												
					02 Backing												
					03 Changing lanes												
					04 Overtaking/ Passing												
					05 Turning right												
					09 Leaving traffic lane												
					10 Parked												
					11 Slowing or stopped in traffic												
					12 Other												
					13 Unknown												

VEHICLE 1	VEHICLE 2
POINT OF IMPACT	06
MOST DAMAGED AREA	06

1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown	
VEHICLE 2		VEHICLE 2	

ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
ALCOHOL LEVEL TESTED	Y	Y	Y
BAC LEVEL	N	N	N
ALCOHOL/ DRUGS SUSPECTED		Driver No. 1	Driver No. 2
		1	5
1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown			

OFFICER NO. 1741	TROOP/ TEAM/ BEAT 11	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Colby Dahlke		INVESTIGATOR SIGNATURE Approved by Colby Dahlke	DATE OF REPORT 12/06/2015